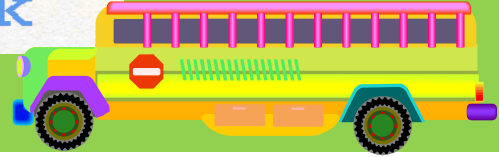


Amigos Cambridgeport Community School

April
22nd - 25th
School Vacation Week



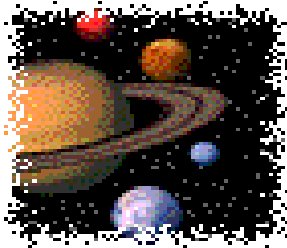
Tuesday 4/22

Let the Public
Play at CAC
Exhibition Hall



Wednesday 23

Butter Fly
Garden,
Planetarium Trip



Thursday 4/24

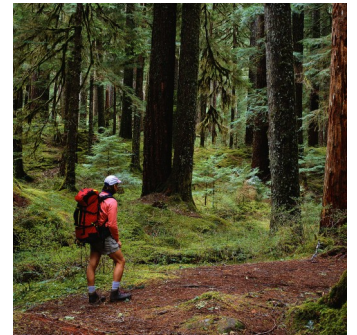
Boston Chil-
dren's Museum
Growing Our
Community
Event



We will participate in
the Global Stories Event
and the Ball and Track
Hands on Exhibits

Friday 4/25

Cambridge Science
Festival the
Arnold Arboretum



We will take a guided tour of
the grounds, exploring nature,
flowers, trees, birds, insects
and more!

If you have any
questions please feel
free to contact me.

Carmen Mouzon

cmouzon@cambridgema.gov

(617) 349-6824

General Information: Sign Up on Back of Flyer

Camp will run from 9:00am-5:30 pm Each Student Must Bring a Lunch Each Day

The cost for the entire week is \$160.00 or \$40.00 per day.

If you plan on doing an early pick up, please make arrangements with Carmen Mouzon at least one day in advance.

We will be walking or using public transportation for the following trips: CAC Let the Public Play Event, Butterfly Garden and Planetarium, Cambridge Science Festival at Arnold Arboretum.

AMIGOS-CAMBRIDGEPORT COMMUNITY SCHOOL-APRIL VACATION CAMP

REGISTRATION FORM ***** LIMITED TO 30 STUDENTS*****

Please complete each of the sections below. We need this information in the event of an emergency. Thank you for your cooperation

<i>Date</i>	April 22-25 Vacation Camp	<i>Activity</i>	See other side of flyer for activities Select Days Attending: ____Tue__Wed ____Th __Fri
<i>Location</i>	15 Upton St Cambridge, MA 02139		
<i>Cost</i>	\$40.00 Per Day **Only 30 spaces available**		
<i>Transportation, Schedule and Important information</i>	<ul style="list-style-type: none"> Each child must bring a sack lunch with them. Camp Hours: Drop off is at 9AM Pick up is NO later than 5:30pm Please note we will be going on daily trips. If you will be dropping off your child later than 9am or if you will be picking up your child before 5:30pm, you must notify Carmen Mouzon at least 1 day prior so that arrangements can be made. 		
<i>Student Information</i>	Name of Child:_____		
	Name of School Attending:_____		
	Ethnicity (voluntary)_____		
	Parent/Guardian_____		
	Email Address_____		
	Phone Number_____		
<i>Special Concerns</i>	Would you like to be a volunteer chaperon for any of our trips? If so, please list a day and time you are available_____		
	Does your child have any allergies or special concerns we should be aware of?		
Questions: Amigos Cambridgeport Community School Contact Carmen Mouzon 617-349-6824			
<i>Photography Release</i>	I give permission to the Amigos-Cambridgeport Community School to take pictures and use photographic and video reproduction of my child for publicity purposes ____ Yes ____ No		
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact (someone other than the parent/guardian listed above)			
Name_____		Address:_____	
		Phone _____	
My child will be picked up by:		Name:_____	
		Relationship _____	
Parent/Guardian Signature _____		Date _____	